



ALABAMA DEPARTMENT OF REVENUE  
EFT Unit

OFFICE USE ONLY

# Electronic Funds Transfer Authorization Agreement

Form EFT: 001  
9/2000

P.O. Box 327950 • Montgomery, AL 36132-7950 • Telephone: 1-800-322-4106 • Fax (334) 242-0251

Taxpayer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Tax Type: \_\_\_\_\_ Tax Account No.: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

## Payment Method

SELECT ONE

☐ ACH Debit  
ATTACH BANK LETTER

☐ ACH Credit  
ATTACH JUSTIFICATION

IF YOU WISH TO REGISTER ADDITIONAL TAX ACCOUNTS,  
ATTACH A SEPARATE SHEET GIVING THE TAX TYPE AND TAX ACCOUNT NUMBER.

### This Area Need Only Be Completed By Taxpayers Electing The ACH Debit Payment Method

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

Bank Transit / Routing No.: \_\_\_\_\_

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Bank Chain No.

**▶ IMPORTANT NOTE:** In order to process your agreement form promptly, a letter of verification from your bank stating both the bank's American Bank Association number and your bank account number must be submitted for ACH Debit accounts.

I/we hereby authorize the Alabama Department of Revenue to present debit entries into the bank account referenced above and the depository named above. The individual debit transactions will be presented only after having been expressly authorized and initiated by the taxpayer. These debits will pertain only to Electronic Funds Transfer Payments that the taxpayer has initiated for payment of Alabama taxes.

Signature

Title

Date

Signature

Title

Date

**Mail Your Completed Form To The Address Above or Fax To (334) 242-0251**

**INSTRUCTIONS FOR:**  
**Electronic Funds Transfer Authorization Agreement (Form EFT: 001)**

The following information will enable you to fill out the application more accurately. All sections must be completed if the ACH Debit payment method is elected. If the ACH Credit payment method is elected, complete only the top half portion of the form.

**All applicants must complete the following information:**

**Taxpayer's Name/Address:**

State the legal name of applicant, and the mailing address of the applicant.

**Tax Type:**

State the type of tax you are reporting. For example: Sales Tax; Sellers Use Tax; Consumers Use Tax; Rental Tax; Local Sales/Use Tax; Utility Tax; Withholding Tax; etc.

**Tax Account Number:**

State the tax account number used to report the tax type as specified above. For example: Sales Tax Account Number 5100 12345; Sellers Use Tax Account Number 68SU-12345; Rental Tax Account Number 7668-12345; Local Sales/Use Tax Account Number 9501012345; etc. Do NOT put your FEIN or Social Security Number.

**Contact Person/Title/Phone/Fax/Address:**

The EFT contact person is the individual whom the Alabama Department of Revenue will contact if there is a question concerning an EFT payment made by the taxpayer. Any correspondence concerning the Alabama EFT Tax Payment Program will be directed to your designated EFT contact person.

**Payment Method:**

Check the payment method you are electing. An explanation of each is given below:

**ACH Debit:**

The ACH Debit payment method is the primary method used by taxpayers to make payments for a tax under the Alabama EFT Tax Payment Program. These transactions are generated by the Department upon the taxpayer's instruction.

***Note:** Taxpayers electing this payment method must provide a letter of verification from their bank providing the taxpayer's bank account number and the transit/routing number of the bank. The form cannot be processed without this information.*

**ACH Credit:**

The ACH Credit payment method is a method available only to taxpayers with permission of the Department. These transactions are initiated and generated by the taxpayer. Certain qualifying conditions must be met which demonstrate the existence of a valid business operational reason for using the ACH Credit payment method in lieu of the ACH Debit payment method.

***Note:** Taxpayers electing this payment method must provide a letter of justification. The form cannot be processed without this information.*

**Complete only if ACH Debit Payment Method elected:**

**Bank Name/Address/Bank Account Number/Bank Transit/Routing Number:**

State the name of your bank, your bank's address, your bank account number, and your bank transit/routing number.

**Signature:**

The EFT Authorization Form must be signed by someone who is authorized to sign checks on the bank account for which the information is provided.

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**For additional information pertaining to the EFT Payment Program, please visit our Web site at <http://www.ador.state.al.us/eft/eftindex.html> or call 1-800-322-4106.**